

DELAWARE  
FORM 400-ES

DECLARATION OF ESTIMATED  
FIDUCIARY INCOME TAX

DO NOT WRITE OR STAPLE IN THIS AREA

3E

RETURN WITH INSTALLMENT DUE:

SEPT 15, 2000

PLEASE WRITE THE TRUST'S OR ESTATES'S EIN AND "2000 FORM 400-ES" ON YOUR CHECK OR MONEY ORDER

EMPLOYER IDENTIFICATION NUMBER:	FISCAL YEAR FILERS (ENTER YEAR ENDING - MONTH & YEAR):	
NAME OF TRUST OR ESTATE:		TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY:		
ADDRESS (NUMBER AND STREET OR P.O. BOX):		
CITY, STATE, AND ZIP CODE:		
FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX		AMOUNT OF THIS INSTALLMENT:\$

MAKE CHECK PAYABLE & MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

DETACH HERE

DELAWARE  
FORM 400-ES

DECLARATION OF ESTIMATED  
FIDUCIARY INCOME TAX

DO NOT WRITE OR STAPLE IN THIS AREA

2E

RETURN WITH INSTALLMENT DUE:

JUNE 15, 2000

PLEASE WRITE THE TRUST'S OR ESTATES'S EIN AND "2000 FORM 400-ES" ON YOUR CHECK OR MONEY ORDER

EMPLOYER IDENTIFICATION NUMBER:	FISCAL YEAR FILERS (ENTER YEAR ENDING - MONTH & YEAR):	
NAME OF TRUST OR ESTATE:		TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY:		
ADDRESS (NUMBER AND STREET OR P.O. BOX):		
CITY, STATE, AND ZIP CODE:		
FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX		AMOUNT OF THIS INSTALLMENT:\$

MAKE CHECK PAYABLE & MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

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DELAWARE  
FORM 400-ES

DECLARATION OF ESTIMATED  
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DO NOT WRITE OR STAPLE IN THIS AREA

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RETURN WITH INSTALLMENT DUE:

MAY 01, 2000

PLEASE WRITE THE TRUST'S OR ESTATES'S EIN AND "2000 FORM 400-ES" ON YOUR CHECK OR MONEY ORDER

EMPLOYER IDENTIFICATION NUMBER:	FISCAL YEAR FILERS (ENTER YEAR ENDING - MONTH & YEAR):	
NAME OF TRUST OR ESTATE:		TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY:		
ADDRESS (NUMBER AND STREET OR P.O. BOX):		
CITY, STATE, AND ZIP CODE:		
FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX		AMOUNT OF THIS INSTALLMENT:\$

MAKE CHECK PAYABLE & MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044

## **FIDUCIARY'S RECORD OF PAYMENTS**

SCHEDULED PAYMENT DATE	AMOUNT PAID	PAID DATE	CHECK NUMBER
FIRST PAYMENT (MAY 01, 2000)	\$		
SECOND PAYMENT (JUNE 15, 2000)	\$		
THIRD PAYMENT (SEPT 15, 2000)	\$		
FINAL PAYMENT (JAN 16, 2001)	\$		
TOTAL PAID	\$		

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## DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

5E

**APRIL 30, 2001**

EMPLOYER IDENTIFICATION NUMBER:	FISCAL YEAR FILERS (ENTER YEAR ENDING - MONTH & YEAR):	
NAME OF TRUST OR ESTATE:		TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY:		
ADDRESS (NUMBER AND STREET OR P.O. BOX):		
CITY, STATE, AND ZIP CODE:		<b>AMOUNT OF THIS INSTALLMENT:\$</b>
<i>I REQUEST AN AUTOMATIC EXTENSION OF TIME TO <b>AUGUST 15, 2001</b> TO FILE DELAWARE FORM 400 (OR IF A FISCAL YEAR TO _____ TO _____, FOR THE TAX YEAR ENDING _____, _____, _____.</i>		
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> DATE	
SIGNATURE OF FIDUCIARY OR OFFICER REPRESENTING FIDUCIARY		

DETACH HERE

## DECLARATION OF ESTIMATED FIDUCIARY INCOME TAX

4E

**JAN 16, 2001**

EMPLOYER IDENTIFICATION NUMBER:		FISCAL YEAR FILERS (ENTER YEAR ENDING - MONTH & YEAR):	
NAME OF TRUST OR ESTATE:			TRUST NUMBER:
NAME AND TITLE OF FIDUCIARY:			
ADDRESS (NUMBER AND STREET OR P.O. BOX):			
CITY, STATE, AND ZIP CODE:			
FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX			AMOUNT OF THIS INSTALLMENT:\$

**MAKE CHECK PAYABLE & MAIL TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 2044, WILMINGTON, DELAWARE 19899-2044**